BILL NELSON
FLORIDA

United States Senate
Washington, DC 20510-0905

Consent For Release Of Information

I'm very concerned you are in need of assistance, and want you to know we're committed to doing our best to resolve your problem. The first thing you need to do is fill out this form and return it quickly to me by fax or mail. This has to be done before I can legally act on your behalf. This is a free service. The form not only tells me about your concerns, but also allows government agencies to share your information with me. (It is something required by the Privacy Act of 1974.)

Please note, if you are inquiring on behalf of someone, that person must sign the release.

Today's Date 8/15/2011   Social Security Number ██████

● Mr. ○ Mrs. ○ Ms. ○ Dr. ███████
                          First   Middle   Last

Mailing
Address   ████████

              ████████

Home Phone   ██████   Cell Phone ██████   Work Phone

Date of Birth _____   E-mail Address ██ █ ██ ████████

I hereby authorize Senator Nelson or his representative to make inquiries into my personal records and or files, and to obtain information about me pertaining to my request for assistance.

Signature ████████ █ ██ ███   For The Attention Of _Senator Bill Nelson_

Please return form to:

By Mail:

Office of Senator Bill Nelson
225 East Robinson Street, Suite 410
Orlando, Florida 32801

By Fax:

Fax: (407) 872-7165

Questions:

Telephone: (407) 872-7161
Toll-Free in Florida Only:
(888) 671-4091

FOR OFFICE USE ONLY

IT: ○ Yes ○ No IT # _____ *(Caseworker Only)* Cross Reference Name _____

Referral: ○ FTL ○ FTM ○ JAX ○ MIA ○ ORL ○ TAL ○ TPA ○ WPB ○ BN ○ GN ○ PM ○ BS

Web Tracking # _____

PLEASE COMPLETE PAGE 2 OF THIS FORM

Please complete the sections that apply to your case.

Military or Veteran's Issues

Military ID/VA ID/Other ID Number _____   Sponsor's ID / SSN _____

Rank / Unit _____   Duty Station _____

Immigration Issues

Receipt Number _____   Alien Registration Number   A - _____

Date of Birth _____   Place of Birth _____

Type of Application Filed _____

Social Security Administration Issues

Type of claim filed? _____

		Pending	Approved	Denied
Initial Claim	Date Filed_____	☐ Pending	☐ Approved	☐ Denied
Reconsideration	Date Filed_____	☐ Pending	☐ Approved	☐ Denied
ALJ Hearing	Date Filed_____	☐ Pending	☐ Approved	☐ Denied
Appeals Council	Date Filed_____	☐ Pending	☐ Approved	☐ Denied

Case Details

Please briefly explain your problem. (In writing, provide my office with a detailed account. Include any additional relevant correspondence that you have initiated or received concerning your problem.)

In July 2011, I, ████████ ████, filed a complaint under Title VI of the Civil Rights Act of 1964, on behalf of self, the citizens of South Brooksville ████ ███████ (Mother), and ████████████ (Wife). We have yet to get acknowledgement of receipt from the EPA Office of Civil Rights, 1200 Penn Avenue, Washington DC by retrieving a copy of the complaint from EPA Office of Civil Rights with all of the CDs containing a host of photographs it will provide you with a full detail account of the unhealthy conditions the citizens of South Brooksville have been forced to live under for the past 50 years.

Please state how you would like Senator Nelson to help you.

1.   Please provide assistance in assuring that EPA Office of Civil Rights process to the fullest the complaint filed under Title VI of the Civil Rights Act of 1964, filed July 2011.

2. Please assist the citizens of South Brooksville in insuring that justice is rendered as to the contents of the complaint filed under Title VI of the Civil Rights Act of 1964, filed July 2011.

3. Provide assistance in locating funding resources (grants) to spearhead a health assessment report of the true health of the residents of South Brooksville that goes beyond the limits that were established in the Hernando County Health Needs Assessment Report produced by Hernando County in 2007.

4. The health assessment will focus on zip codes 34601 and 34602 , these zip codes were identified by the Hernando County Health Needs Report in 2007 as the core area containing the sickest citizens of Hernando County, and the area is inhibited by 99% African Americans, and that they are sicker with cancers, heart problems, respiratory ailments, than in any of the 67 counties of Florida. The report further stated that Hernando County had the least amount of African Americans than in any of the other 67 counties, which highlighted a glaring problem.

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08/15/2011   8:37PM (GMT-04:00)